

OFFICE OF THE CHIEF OF POLICE

SPECIAL ORDER NO. 12

June 17, 2010

**SUBJECT:        AUTHORIZATION TO RELEASE MEDICAL INFORMATION,  
                 FORM 05.03.00; AND INJURIES/MEDICAL TREATMENT - REVISED**

**EFFECTIVE:    IMMEDIATELY**

**PURPOSE:**     A recent audit conducted by Internal Audits and Inspections Division revealed a need to modify the Authorization to Release Medical Information, Form 05.03.00, to include a checkbox for the parent or legal guardian of a juvenile to mark when signing the form. Juveniles cannot legally provide authorization for the release of their medical information. A parent or legal guardian must sign the form on the juvenile's behalf. The Authorization to Release Medical Information form and Department Manual Section 4/245.12, subsection *Injuries/Medical Treatment*, have been amended to include that requirement. An attachment of the revised language is included with revisions in italics.

**PROCEDURE:**

**I.    AUTHORIZATION TO RELEASE MEDICAL INFORMATION,  
      FORM 05.03.00 - REVISED.**

**A.    Use of Form.**    The use of this form remains the same; however, since a juvenile is legally unable to sign for the release of medical information, authorization from the parent or legal guardian of the juvenile is needed. The form has been revised to add a checkbox after the signature box for the parent or legal guardian of the juvenile to mark when authorizing the release of the juvenile's medical records.

**B.    Form Completion and Form Distribution.**    The completion and distribution of the Authorization to Release Medical Information remain the same.

**II.   DEPARTMENT MANUAL SECTION 4/245.12, SUBSECTION  
      INJURIES/MEDICAL TREATMENT - REVISED.**    The subsection *Injuries/Medical Treatment* has been amended to include the need to obtain the signature of the parent or legal guardian of the juvenile, except emancipated minors, authorizing the release of the juvenile's medical information.

June 17, 2010

**FORM AVAILABILITY:** The Authorization to Release Medical Information is available in LAPD E-Forms on the Department's Local Area Network. All other versions of the form shall be marked "obsolete" and placed in the divisional recycling bin. A copy of the form is attached for immediate use and duplication.

**AMENDMENTS:** This Order amends Section 4/245.12 of the Department Manual. The "Form Use Link" applicable to the Authorization to Release Medical Information is accessible in Volume V of the Department Manual.

**MONITORING RESPONSIBILITY:** All commanding officers shall have monitoring responsibility for this directive.

**AUDIT RESPONSIBILITY:** The Commanding Officer, Internal Audits and Inspections Division, shall review this directive and determine whether an audit or inspection shall be conducted in accordance with Department Manual Section 0/080.30.



CHARLIE BECK  
Chief of Police

Attachments

DISTRIBUTION "D"

# Department Manual

## Volume IV

**245.12 COMPLETING THE NARRATIVE – LEVEL I INCIDENT.** In addition to completing pages 1, 2, and 3 of the Non-Categorical Use of Force Report, Form 01.67.05, supervisors investigating a Level I incident shall prepare and attach a narrative using the following headings:

- 1. WITNESS STATEMENT(S).** Supervisors shall interview the subject of force, witnesses, and all Department employees who either witnessed and/or were involved in the incident.

A **brief** written summary of the statement provided by the subject of the use of force and/or any witness is only required under this heading **if**:

- The interview was not tape-recorded (not applicable to Department employees); or,
- The person's account of the use of force is in substantial conflict with the involved employee(s) account.

**Example:** "Gregory Jones. This witness stated that he saw a female officer strike the suspect with a closed fist. The involved officers stated that they did not strike the suspect at any time."

**Tape-Recording Witness Statements.** Supervisors investigating a **Level I** incident shall tape record statements from the subject of the use of force and all non-Department employee witnesses. Recorded interviews shall be conducted in accordance with Department guidelines established in *Complaint Investigations: A Guide for Supervisors*. If tape recording is not practical or an individual refuses to be tape recorded, the person shall be listed in the narrative under "Witnesses" along with a explanation as to why his/her interview was not tape-recorded and a brief written summary of his/her non-taped statement.

**Example:** "Janet Jones. This witness agreed to be interviewed on condition that she not be tape-recorded. Jones stated that she did not observe either of the responding officers strike the suspect."

Tape-recording interviews with Department employees is not required. The related crime and/or arrest report or Form 15.07.00, will serve as documentation of the involved Department employee(s) statement. All tape recordings, including those from personal tape recorders, shall be booked at Scientific Investigation Division (SID) and have tape numbers issued. Tape numbers shall be documented in the Non-Categorical Use of Force Report.

**Consistent Statements.** Statements provided by witnessing Department employees that are consistent with events as depicted in the related report shall be noted. Likewise, if statements provided by non-Department employee witnesses are consistent, this similarly shall be documented.

**Example:** “The statements provided by the following witnessing Department employees – Officers Nuno, Blake and Ramirez - were consistent with the incident as depicted in the arrest report.”

If a person refuses to provide a statement, this shall be documented in this section. An attempt shall still be made to obtain the witness’s identifying information.

- 2. INJURIES/MEDICAL TREATMENT.** Document all visible and complained of injuries, including any medical treatment provided. All individuals receiving medical treatment shall be asked to sign an *Authorization to Release Medical Information Form*. If they refuse, the appropriate box shall be checked on the Non-Categorical Use of Force Report. If an individual is **unable** to sign the *Authorization to Release Medical Information Form*, supervisors shall explain why in this section (e.g., “Under the influence, psychological evaluation hold,” etc.). *If an individual is a juvenile (below 18 years of age) and the individual is not an emancipated minor, an officer shall provide the Authorization to Release Medical Information Form to the juvenile’s parent or legal guardian. The juvenile’s parent or legal guardian shall be asked to sign the Authorization to Release Medical Information Form on behalf of the juvenile and check the box below the signature.*

**Medical Release Obtained.** If a signed *Authorization to Release Medical Information Form* is obtained, Department personnel shall collect the necessary injury and medical information in accordance with Manual Section 4/648. This includes attempting to collect and verify treatment information relevant to the use of force based on interviews with medical personnel.

**Medical Release Not Obtained.** Federal law now limits access to an individual’s medical history and treatment information. Therefore, if a signed *Authorization to Release Medical Information Form* is **not** obtained, supervisors **shall not ask medical personnel** for injury and treatment information pertaining to an individual upon whom force was used. Rather, supervisors shall attempt to collect medical information based on personal observations and/or statements from the subject of the use of force, the involved employee(s), and non-medical witnesses. Supervisors shall only collect the medical information necessary to complete the use of force investigation.

Supervisors shall document medical treatment information on the face sheet of the Non-Categorical Use of Force Report and check the appropriate box to indicate the source of the information (i.e., “*Verified*” or provided by medical personnel; “*Observed*” and reported by (non-medical) witnesses and/or Department employees; or “*Reported*” by the subject of force. Only one box shall be checked. If verified information cannot be obtained, “Observed” is the next most desirable option, followed by information reported by the subject of the use of force.

Generally, it is permissible for Department employees to obtain medical information they may overhear or observe, as a bystander, if there is a legitimate law enforcement reason for their presence at the location (e.g., if a suspect in custody requires medical treatment, an officer may reasonably accompany him/her during treatment.)

In such cases, information overheard from a treating physician shall be reported as "Verified," and an explanation as to how the information was collected shall be provided. In all cases, supervisors shall document their efforts to obtain medical information in this section.

**Example:** "The suspect declined to sign *an Authorization to Release Medical Information Form*. However, Officer Jones stated that he heard the suspect advise Fire Department personnel that he believed his left arm was broken. According to Officer Jones, the suspect stated to him that he believed he may have injured his arm in an attempt to avoid handcuffing. I arrived at the hospital and observed the suspect with a cast on his left arm." (In this case, supervisors would list "Possible Broken Arm" on the Non-Categorical Use of Force Report face sheet and check off "Observed.")

Regardless of whether a signed *Authorization to Release Medical Information Form* is obtained, supervisors shall ask the subject of the use of force if and how he/she was injured and document the response in this section. Any documentation of medical treatment obtained by Department employees shall be listed under "Addenda" and attached to the Non-Categorical Use of Force Report.

**Note:** Due to potential criminal and civil liability issues, Department employees shall not accept any medical documentation regarding the subject of the use of force unless a signed *Authorization to Release Medical Information Form* is obtained.

**The remainder of the section remains unchanged.**

# LOS ANGELES POLICE DEPARTMENT

## Authorization to Release Medical Information

This authorization for disclosure of medical information is being requested from you in conformance with the requirements of the California Confidentiality of Medical Information Act [Civil Code Section 56 et seq.] and 45 C.F.R. Section 164.508.

### Your information

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	BOOKING NO.
ADDRESS		CITY	STATE	ZIP CODE DR NO.

Check and complete one:

☐ I authorize the release of the indicated medical records from (facility name):

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☐ I authorize the Medical Services Division of the City of Los Angeles to release any and all of my medical records that were generated while I was an arrestee or in custody at

	from		to	
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**Description of the information to be released** (description must be as *specific and meaningful* as possible [C.F.R. 164.508(c)(i)]. Do not write "all" or "medical information").


**Expiration** (check and complete one):

- ☐ This authorization for release of information will expire on: 

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- ☐ This authorization will expire upon termination of the following event or occurrence (e.g., *criminal, civil or administrative proceedings related to arrest*):


I understand that:

The entity receiving the information may use the information for any lawful purpose subject to the following limitations:

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- \* The disclosed information is not protected by law and is subject to redisclosure.
- \* I have a right to receive a copy of this release.
- \* I have a right to revoke my authorization in writing at anytime, except where the information was relied on or could have been obtained through other lawful means (e.g., law enforcement exceptions).
- \* A written request to revoke must be submitted in writing to:

*The Los Angeles Police Department, Professional Standards Bureau, 304 S. Broadway, Suite 200, Los Angeles, CA 90013*

Printed Name:

Signature:

Date Signed:

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- ☐ Signed by authorized representative. Capacity (e.g., power of attorney, etc.)
- ☐ Signed by parent or legal guardian if subject is under 18 years of age and subject is not an emancipated minor.